

Resourcing the world

Veolia North America 2023 Benefit Summary





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Benefit Plan Options & Features 2023 Benefits



ENVIRONMENTAL SOLUTIONS FOR BUSINESSES, INDUSTRY AND COMMUNITIES

2023 MEDICAL PLANS

• Medical Plan Options - BCBS of IL & UHC

- High Deductible Health Plan -Gold
- High Deductible Health Plan Silver
- PPO
- EPO
- Milwaukee Union Employees (additional option)
 - Milwaukee Union UHC EPO
- Employees Residing in California (additional option)
 - Kaiser HMO
- Employees Residing in Hawaii (only option)
 - HMSA HMO | HMSA PPO | HMSA CompMED
- Gum Springs Union Employees (only option)
 Gum Springs PPO
- Employees Residing in Puerto Rico (only option)





2023 MEDICAL PLANS - BCBSIL or UHC?

- The administrator of your medical plan will be determined based on home zip code. If you live in one of the following areas, your administrator will be **United Healthcare**:
 - State of Wisconsin
 - State of Colorado
 - Kansas City, KS
 - Cadet and St. Louis, MO
 - Zip codes 63001-63199
 - o Alton, Belleville, and Woodlawn, IL
 - Zip codes 62002-62898
- If you do not live in one of the areas listed above, your medical plan administrator will be Blue Cross Blue Shield of Illinois.





2023 KAISER HMO PLAN FEATURES

(available to California employees only in addition to other medical plan options)

- Deductible:
 - \circ None
- Out-of-Pocket Maximum:
 - \$1,500 Individual
 - \$3,000 Family
- Preventive Care:
 - No charge
- Primary Care Visit:
 - \$25 per visit
 - Out-of-Network not covered
- Specialist Visit:
 - \$25 per visit
 - Out-of-Network not covered



2023 PHARMACY PLAN - EXPRESS SCRIPTS

Coverage included with medical plan enrollments in HDHP, PPO & EPO plans

Retail (30-Day Supply)	High Deductible Health Plan-Gold	High Deductible Health Plan-Silver	РРО	EPO
Generic	20% after deductible	30% after deductible	\$10 co-pay	\$10 co-pay
Preferred Brand	20% after deductible	30% after deductible	25% (min \$30/max \$75)	25% (min \$30/max \$75)
Non-Preferred Brand	20% after deductible	30% after deductible	35% (min \$50/max \$110)	35% (min \$50/max \$110)
Maintenance Medications	100% of the retail cost (after second purchase); You pay 100% of the cost of the drug when you refill a maintenance medication at a retail pharmacy after the second purchase.	100% of the retail cost (after second purchase); You pay 100% of the cost of the drug when you refill a maintenance medication at a retail pharmacy after the second purchase.	100% of the retail cost (after second purchase); You pay 100% of the cost of the drug when you refill a maintenance medication at a retail pharmacy after the second purchase.	100% of the retail cost (after second purchase); You pay 100% of the cost of the drug when you refill a maintenance medication at a retail pharmacy after the second purchase.

EXPRESS SCRIPTS°

2023 PHARMACY PLAN - EXPRESS SCRIPTS

Coverage included with medical plan enrollments in HDHP, PPO & EPO plans



Home Delivery (90-Day Supply)	High Deductible Health Plan-Gold	High Deductible Health Plan-Silver	PPO	EPO
Generic	20% after deductible	30% after deductible	\$25 co-pay	\$25 co-pay
Preferred Brand	20% after deductible	30% after deductible	25% (min \$75/max \$150)	25% (min \$75/max \$150)
Non-Preferred Brand	20% after deductible	30% after deductible	35% (min \$125/max \$225)	35% (min \$125/max \$225)

DENTAL

DELTA DENTAL of Illinois

- Annual deductible: \$50 per person, \$150 per family
- Annual maximum per person is \$2,000/year
- Preventive Services Covered at 100%
- Basic Services covered at 80% after deductible
- Major services covered at 50% after deductible
- Orthodontia covered at 50% up to \$2,500 lifetime maximum
- Enhanced Benefits Program: available to participants with specific health conditions that put them at risk for oral health disease

CarePlus Dental Milwaukee Union Employees only

Δ delta dental°

VISION - VSP

Two plan options: Basic and Buy-Up

- Basic Plan:
 - \$20 co-pay for annual eye exam
 - 20% discount from a VSP provider on glasses or prescription sunglasses within 12 months of annual eye exam
- Buy-Up Plan:
 - \$20 co-pay for annual eye exam
 - \$180 allowance for frames every other calendar year
 - \$130 allowance for contact lenses every calendar year in lieu of eyeglass lenses



LIFE & AD&D INSURANCE - MetLife

- *Employee Basic Term Life and AD&D* Coverage is equal to 2 times your base annual salary rounded up to the next \$1,000. This amount may not exceed \$1,500,000. Coverage is employer-paid.
- *Employee Optional Term Life and AD&D* Coverage is equal to 1, 2, 3, 4, 5, or 6 times your base annual salary rounded up to the next \$1,000. This amount may not exceed \$1,500,000 (combined with Basic coverage). The monthly rate is based on amount selected and your age. Coverage is employee-paid.

PAID PARENTAL LEAVE - Lincoln Financial Group

Employees who are not part of a collective bargaining agreement are eligible for **Paid Parental leave**. The plan allows you to take time off to bond with a newly born or newly adopted child. The plan will cover 100% of base pay according to years of service based on adjusted service date in OneHub:

Your years of service with Veolia	Number of weeks of leave	
1 year	1 week	
2 years	2 weeks	
4 years	3 weeks	
7 years	4 weeks	
9 or more years	5 weeks	

SHORT-TERM DISABILITY (STD) - Lincoln Financial Group

- Employees are eligible to receive STD on the first of the month following their hire date
- Plan Features:
 - Employer-paid
 - Pays a 100% of base pay for a period according to your years of service followed by a certain percentage of your weekly earnings for up to 26 weeks.
 - Benefits are payable due to a covered injury or illness after 7 calendar days



LONG-TERM DISABILITY (LTD) - LINCOLN

- Core LTD Employer-paid
 - Pays 60% of your monthly covered earnings
 - Maximum monthly benefit is \$10,000
- Buy-Up LTD Employee-paid
 - Pays 66.67% of your monthly covered earnings
 - Maximum monthly benefit is \$20,000.



Flexible Spending Accounts - Optum Financial

- Flexible Spending Account (FSA):
 - 2023 annual maximum contribution amount is \$3,050
 - *Health Care FSA* EPO and PPO plan participants only
 - May be used to cover out-of-pocket medical, dental, and/or vision expenses
 - *Limited Purpose FSA* for High Deductible Health Plan plan participants only
 - May be used to cover <u>only</u> dental and/or vision expenses
 - Dependent Care FSA
 - 2023 annual maximum contribution amount is \$5,000
 - May be used to cover the daycare expenses for an eligible dependent (either a child under age 13 or a dependent adult), such as nursery or daycare



HSA PLANS - FIDELITY INVESTMENTS

• Health Savings Account (HSA):

- 2023 annual maximum contribution amount is \$3,850 for employee only coverage and \$7,750 for all other coverage tiers *additional \$1,000 available for those age 55 or more
- Must be enrolled in a High Deductible Health Plan to participate
- Must accept Fidelity's Terms and Conditions upon enrollment
- Use the same user ID and password as 401(k) on Fidelity's Netbenefits site
- In order to participate in an HSA, you cannot be covered by any other medical plan, including Medicare. To contribute to an HSA after age 65, you will need to call the Veolia Benefits Center to confirm you are not enrolled in Medicare.



HINGE HEALTH

- Employees and dependents* enrolled in a Veolia North America medical plan receive:
 - Digital physical therapy programs for back, knee, hip, neck and shoulder pain
 - Personalized exercise therapy
 - Unlimited one-on-one health coaching
- Enroll at www.hingehealth.com/veolia



*<u>Note</u>: Must be 18 years old.

Omada

- Veolia medical plan participants suffering from either type 1 or type 2 diabetes can now participate in the Omada®—diabetes management program at no cost to them
 - A personalized program that surrounds you with the tools and support you need to reach your health goals, whether that's losing weight, controlling your diabetes or improving your overall health.
 - One-on-one coaching and support from a certified diabetes specialist
 - Scale, glucose meter and strips to keep you on track
 - Immediate feedback on glucose readings

• Enroll at omadahealth.com/veolia or contact (888) 409-8687

*<u>Note</u>: Must be 18 years old or older.



SUPPLEMENTAL HEALTH - AFLAC



- **Hospital Indemnity:** helps pay costs associated with a covered hospital stay, including benefits for hospital confinement, hospital admission, hospital intensive care, and intermediate intensive care step-down unit
- **Critical Illness:** helps pay the expected and unexpected expenses that arise from diagnosis of a covered critical illness, such as cancer (internal or invasive), heart attack, stroke, end-stage renal failure, or a major organ transplant
- Accident Insurance: helps pay costs that arise from covered accidents such as fractures, dislocations, and lacerations
- All supplemental health plans are portable
- Visit <u>yourveoliabenefits.com</u> > Other Benefits > Supplemental Benefits for more information

IMPORTANT ADDITIONAL BENEFITS



- Employee Assistance Program (EAP):
 - Employees and their dependents automatically have access to this program, which is administered by Magellan Health
 - EAP provides confidential assistance 24 hours/day all plan year
 - Licensed counselors through EAP can assist with parenting, work-related situations, relationship problems, substance abuse, and both legal and financial services

• Health Advocate:

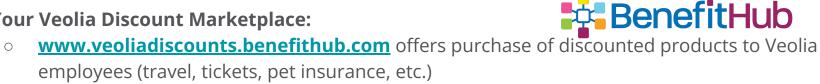
- A free service that assists our employees with managing their healthcare
- The program will assist with locating doctors, hospitals, dentists, and other providers Advocate cost estimates for medical procedures, resolving insurance claim issues, and answer regarding test results, treatments, and medications as well as other additional free services

Health

IMPORTANT ADDITIONAL BENEFITS

- **Purchasing Power:**
 - www.veolia.purchasingpower.com 0
 - Eligible employees work at Veolia for at least one year and... 0
 - Can purchase products online 1.
 - 2. Can receive their order at home
 - 3. Can pay over time from their paycheck with interest-free fixed payments

Your Veolia Discount Marketplace:



First time registration referral code is WNLSXI 0





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Questions may be directed to the Veolia Benefit Center at 844-690-0918



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